

Combat and Operational Stress First Aid (COSFA)



**Warrior Resilience Conference IV
Restoring Readiness:
Individual, Unit, Community & Family
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Navy and Marine Corps source documents:

- <http://www.usmc-mccs.org/cosc/index.cfm>
- <http://www.med.navy.mil/sites/nmcscd/nccosc/pages/welcome.aspx>
- Marine Corps Combat Development Command. (2010). "Combat and Operational Stress Control," (MCRP 6-11C/NTTP 1-15M). Quantico, VA: Author

MCRP 6-11C
NTTP 1-15M

Combat and Operational Stress Control



US Marine Corps

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Development Team



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Chaplain School

Marine Corps Combat and Operational Stress Control

Navy Operational Stress Control

NMC Portsmouth and NMC San Diego Sprint Team

General Dynamics Information Technology



Terminal Objectives:



1. Describe the appropriate response activities associated with implementation of each element of the COSFA model.
2. Develop the skill set to implement the COSFA model for individuals and for units in crisis.
3. Describe the basic components of the COSC Stress Continuum Model.



Enabling Objectives:



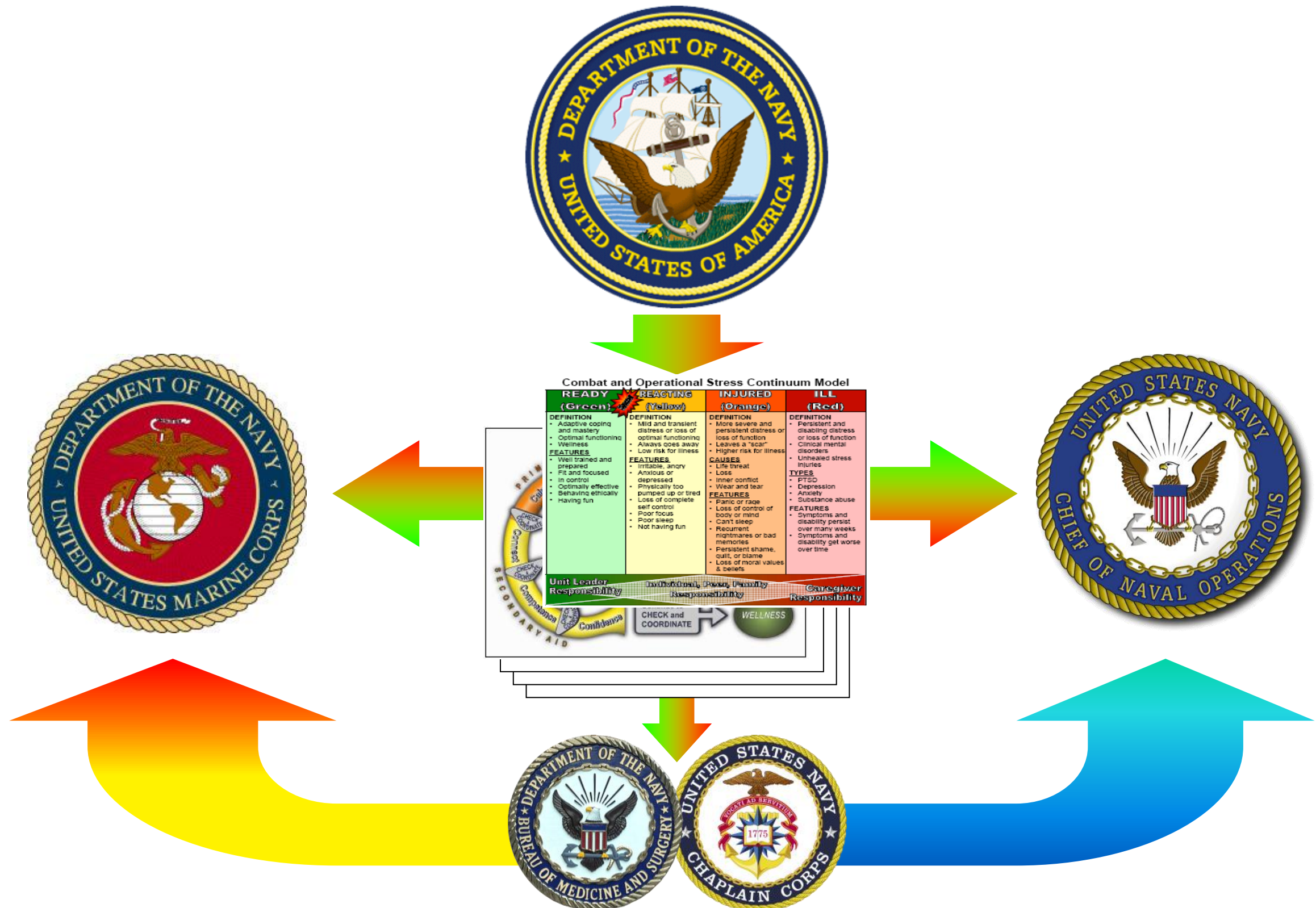
1. Describe major theoretical frameworks related to COSFA.
2. Describe COSFA and the body of knowledge that supports the major conceptual elements



Participant Assumption

- Trained caregivers who know their scope of practice or ministry
- Already have training in the fundamentals of helping relationships.
- Part of your work is to interact with individuals who may have been affected by a stressor.
- Have personal and professional experiences that form the basis of your interaction style.
- Know the resources that are available for additional help and referral.
- Know that multidisciplinary collaboration is essential for helping Marines, Sailors, and their families.

Navy and Marine Corps Maritime Combat and Operational Stress Control Doctrine



Stress Continuum

Stressor

READY (Green)	REACTING (Yellow)	INJURED (Orange)	ILL (Red)
<ul style="list-style-type: none"> • Good to go • Well trained <ul style="list-style-type: none"> • Prepared • Fit and focused • Cohesive units & ready families 	<ul style="list-style-type: none"> • Distress or impairment <ul style="list-style-type: none"> • Mild and transient • Anxious, irritable, or sad • Behavior change 	<ul style="list-style-type: none"> • More severe or persistent distress or impairment • Leaves lasting memories, reactions, and expectations 	<ul style="list-style-type: none"> • Stress injuries that don't heal without help • Symptoms persist for many weeks, get worse, or initially get
Unit Leader Responsibility	Individual, Shipmate, Family Responsibility		Caregiver Responsibility



Four Toxic Orange Zone Stressors



- A life-threat stress injury
- Close brush with death
- Terror, horror, helplessness



- A grief injury
- Loss of cherished people or things
- Guilt, sadness, longing



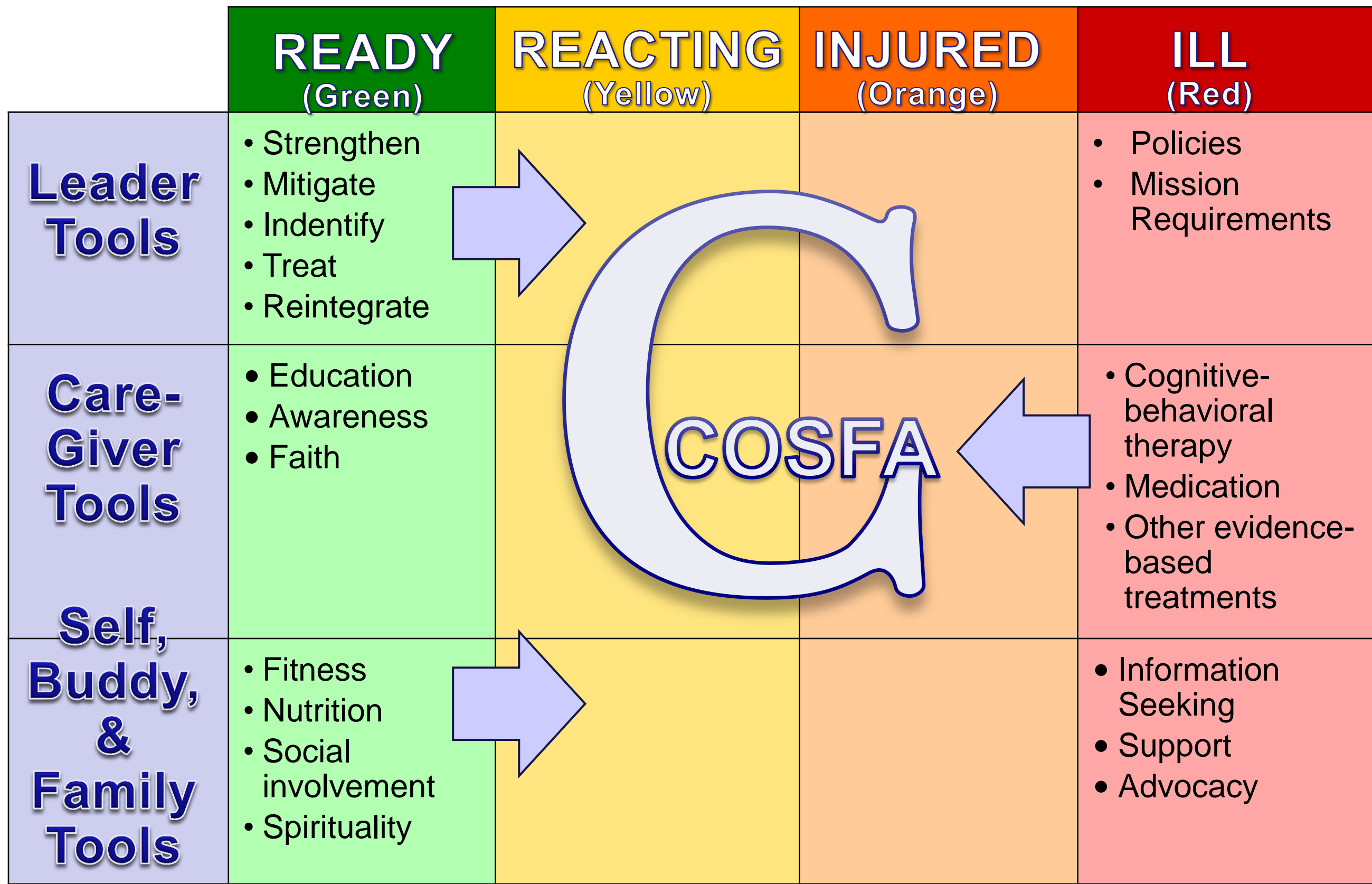
- A betrayal injury
- Violation of deeply held beliefs
- Anger, shame, revenge, guilt



- A fatigue injury
- Accumulation of all stress over time
- Depression, anxiety



Where COSFA Fits In the Stress Continuum





5 Core Leader Functions



- **Strengthen**

- Create confidence/forewarn
- Inoculate to extreme stress
- Foster unit cohesion

- **Mitigate**

- Remove unnecessary stressors
- Ensure adequate sleep and rest
- After-Action Reviews (AARs) in small groups

- **Identify**

- Know crew stress load
- Recognize reactions, injuries, illnesses

- **Treat**

- Rest and Restoration (24-72 hours)
- Caregiver Occupational Stress Training Teams
- Chaplain
- Medical

- **Reintegrate**

- Keep with unit if at all possible
- Expect return to full duty
- Don't allow retribution or harassment
- Continuously assess fitness
- Communicate with treating professionals (both ways)



7 C's Stress First-Aid Model



Seven Cs of Stress First Aid:

- 1. CHECK**
Assess: observe and listen
- 2. COORDINATE**
Get help, refer as needed
- 3. COVER**
Get to safety ASAP
- 4. CALM**
Relax, slow down, refocus
- 5. CONNECT**
Get support from others
- 6. COMPETENCE**
Restore effectiveness
- 7. CONFIDENCE**
Restore self-esteem and hope

Levels:

Continuou
Aid

Primary
id

Secondary
id



What Is COSFA?

Combat and Operational Stress First Aid (COSFA) is a flexible multi-step process for the timely assessment and preclinical care...



...of psychological injuries in individuals or units with the goals to preserve life, prevent further harm, and promote recovery.



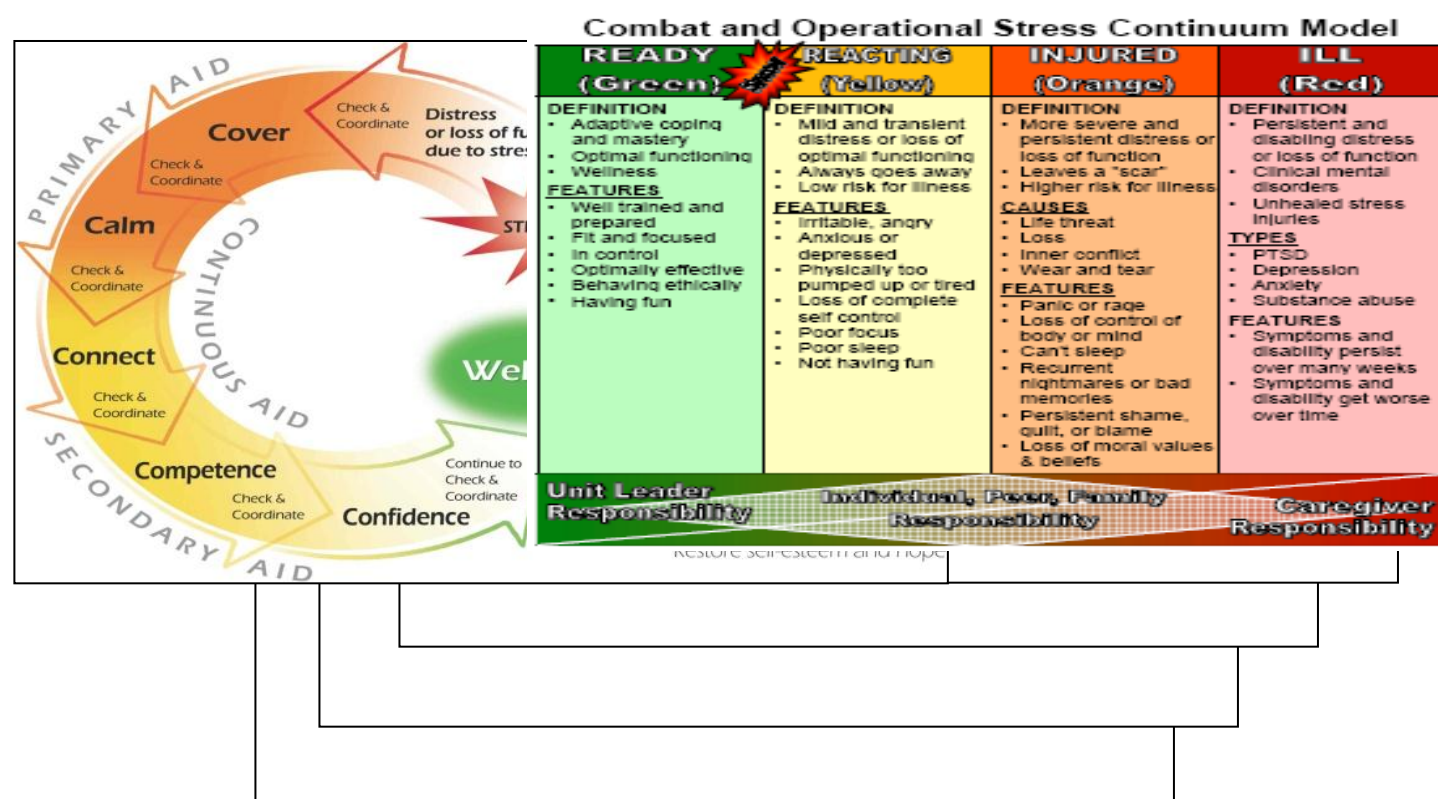
COSFA is NOT....



- An event only intervention
- A one-time only intervention
- A replacement for needed medical or mental health treatment
- A replacement for prevention efforts



Theory and Background





Key Points



- Stress as a continuum
- Four sources of stress injury
- Good leaders are the best medicine.
- One size does not fit all.
- Training and context matter.

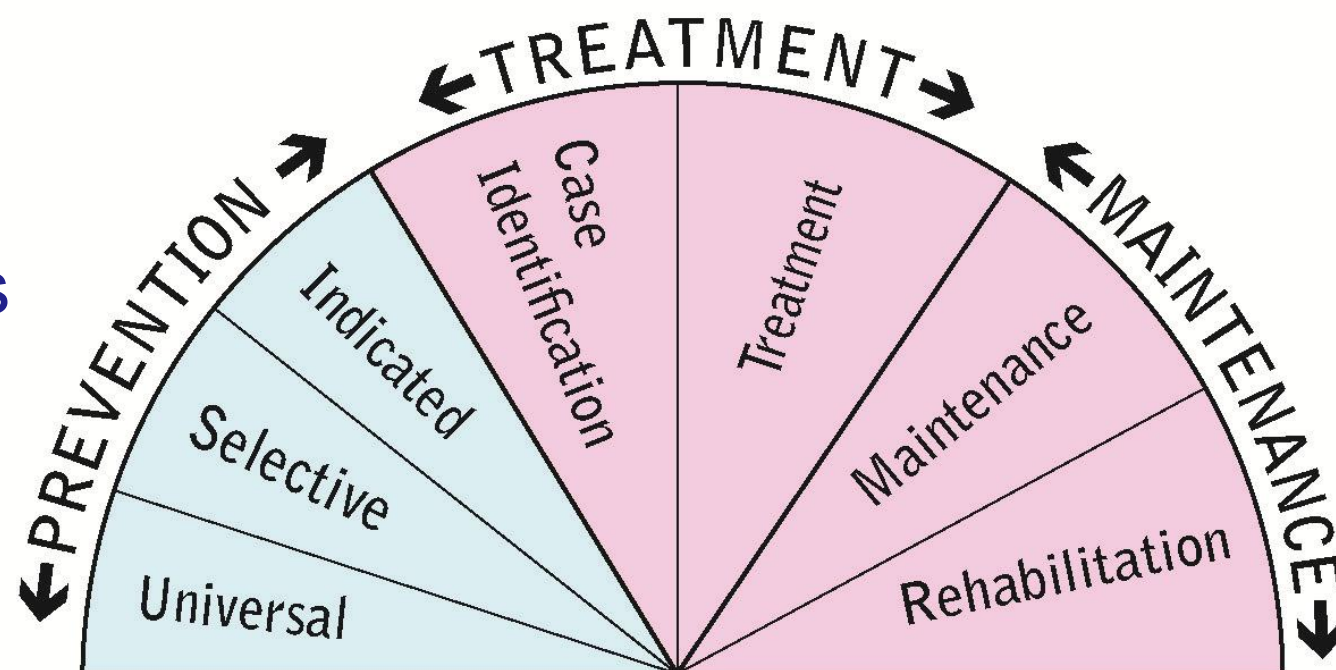


“Indicated” Prevention Interventions May Yield Greatest Effect Size



Institute of Medicine (IOM) Taxonomy for Mental Health Interventions (Mrazek & Haggerty, 1994)

Prevention Interventions:
Target populations with no or subclinical symptoms



Treatment Interventions:
Target populations with diagnosable mental disorders

Three Levels of Prevention Interventions

Universal	Selective	Indicated
<i>Everyone in a population (before or after exposure)</i>	<i>Subgroups of the population at heightened risk (e.g., deployed units)</i>	<i>Individuals identified to be suffering subclinical distress or impairment</i>

Best bang for the buck*

*Feldner, Monson, & Friedman, 2007



Brief History



- Group Post Trauma Debriefing
 - CISD
- Community Disaster Response
 - PFA
- Military/Combat Models
 - CSF/BATTLEMIND
 - COSFA



Psychological Debriefing

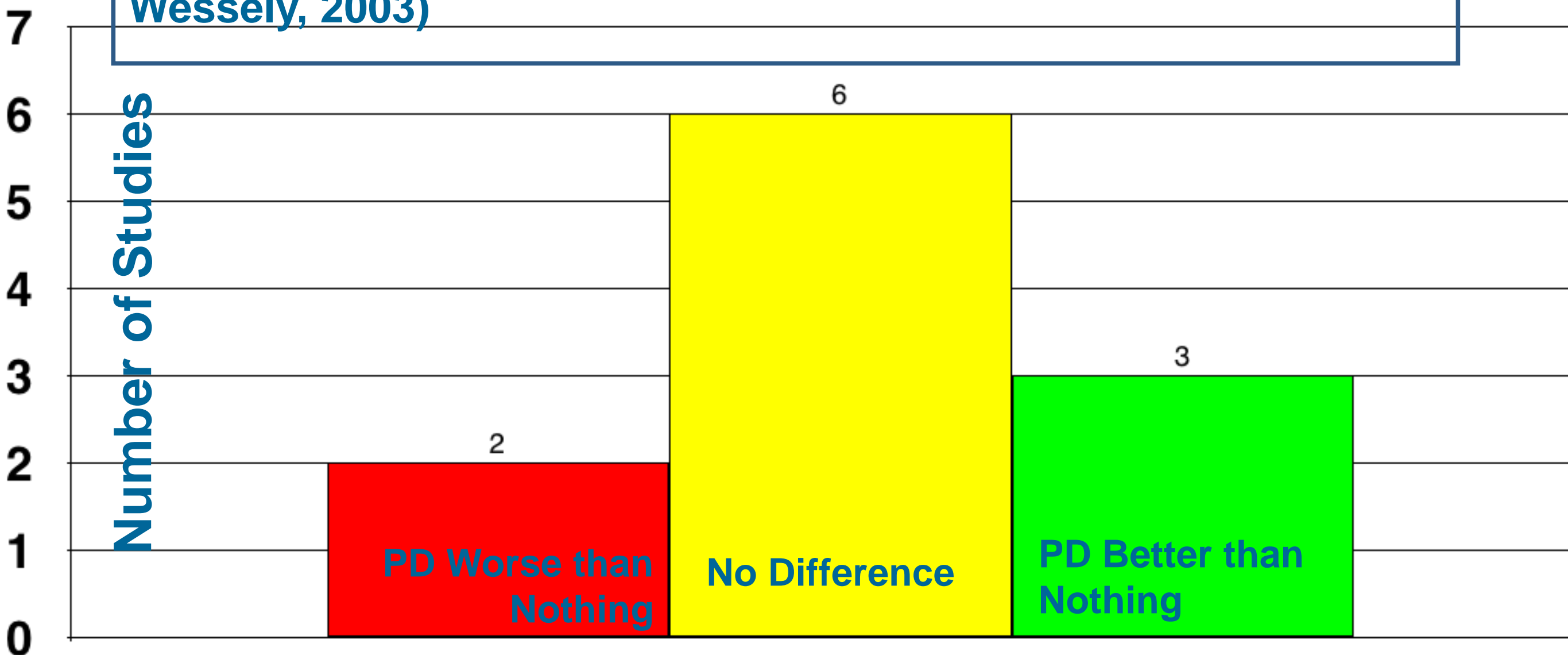


- CISM (McNally, Bryant, and Ehlers, 2003)
- Developed by Mitchell (1983) for EMS personnel from a WWI military line led after-action review process
- Psychotherapeutic group debriefing model
- Proposed Benefits
 - Catharsis reduces acute stress.
 - Early treatment mitigates distress and prevents PTSD.
 - Those debriefed do better than those not debriefed
- Research into post-event critical event debriefings does not support the proposed benefits
- Core concepts have not changed as new evidence emerged
- Systematic structured post-trauma group debriefings (of any model) based on event exposure alone are no longer a recommended practice



CISD Has Been Found to Be Inert

Cochrane Review of outcomes in 11 randomized controlled trials of single-session PD in individuals (10 studies) or couples (1 study), followed for 6-36 months, 1997-2002 (Rose, Bisson, & Wessely, 2003)



See also: Adler, A.B., Litz, B.T., Castro, C.A., et al. (2008). A group randomized trial of Critical Incident Stress Debriefing provided to U.S. peacekeepers. *JTS*, 21, 253-263.



Clinical Practice Guidelines Recommend Against Using CISD



- VA/DoD Clinical Practice Guidelines for the Management of Post-Traumatic Stress, 2004

http://www.pdhealth.mil/clinicians/va-dod_cpg.asp

- International Society for Traumatic Stress Studies (ISTSS) practice guidelines (Foa, Keane, Friedman, & Cohen, 2009)

<http://www.istss.org/Content/NavigationMenu/ISTSSTreatmentGuidelines/PTSDTreatmentGuidelines/default.htm>

- American Psychiatric Association clinical practice guidelines for PTSD/ASD (Ursano et al., 2004)

http://www.psychiatryonline.com/pracGuide/PracticePDFs/ASD_PTS D_Inactivated_04-16-09.pdf



Post-Disaster/Terrorism Essential Intervention Principles



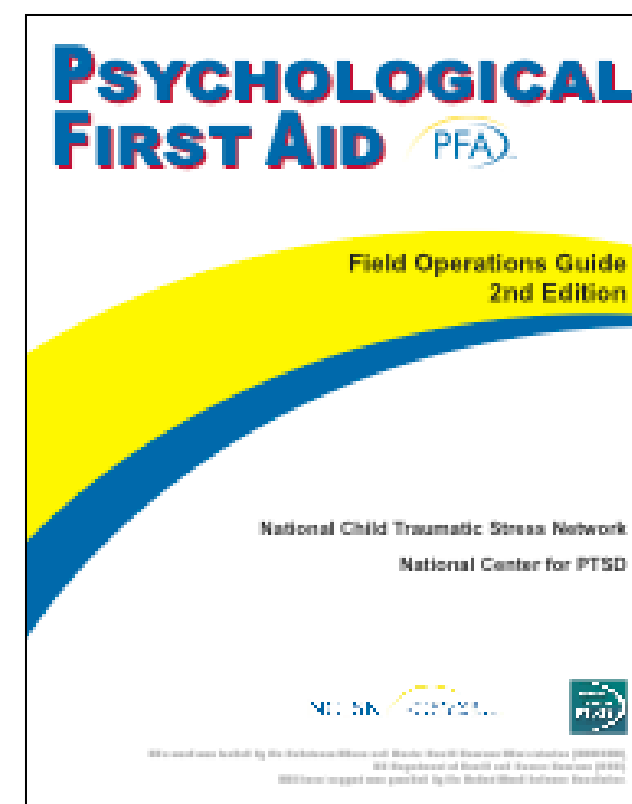
- NIMH Traumatic Stress Research Program and SAMSHA/HHS workgroup to identify best empirical evidence for post disaster interventions for short and mid-term period
- Identified five intervention principles that have empirical support for guiding practice and programs
 - Promote sense of safety
 - Promote calming
 - Promote sense of self- and collective-efficacy
 - Promote connectedness
 - Promote hope



Psychological First-Aid



- Evidence informed modular approach to help children, adolescents, adults, and families in the immediate aftermath of disaster and terrorism
- Based on 5 essential principles identified by Hobfoll, Watson, et al. 2007
- Focused attention on how people are reacting and interacting in the setting
- Intended for individuals and families
- APA Guideline Watch (2009) for ASD & PTSD: “There is hope that psychological first aid will prove effective ... but many questions remain.” (Benedek et al., 2009)





Institutional Framework for Prevention: New USMC–USN Combat Stress Doctrine



Marine Corps Reference Publication (MCRP) 6-11C

MCRP 6-11C
NTTP 1-15M

Combat and Operational Stress Control



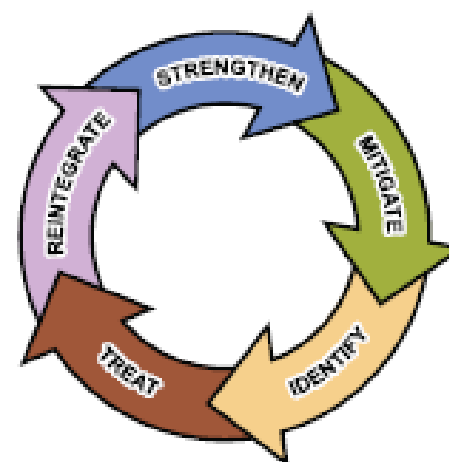
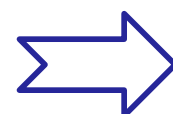
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READY (Green)	REACTING (Yellow)	INJURED (Orange)	III (Red)
Definition: - Alert, coping, ready to act - Calm, focused - Able to think - Able to act Features: - Alert, calm, focused - Able to think - Able to act - Able to cope - Able to recover Causes: - Stress - Lack of sleep - Lack of food - Lack of water - Lack of rest Effects: - Able to cope - Able to recover - Able to act - Able to think Interventions: - Rest - Food - Water - Sleep - Support - Encouragement - Reassurance - Information - Education - Training - Practice - Simulation - Drills - Exercises - Scenarios - Role playing - Problem solving - Decision making - Communication - Teamwork - Leadership - Followership - Accountability - Responsibility - Commitment - Dedication - Sacrifice - Honor - Integrity - Courage - Bravery - Valor - Honor - Integrity - Courage - Bravery - Valor	Definition: - Alert, coping, ready to act - Calm, focused - Able to think - Able to act Features: - Alert, calm, focused - Able to think - Able to act - Able to cope - Able to recover Causes: - Stress - Lack of sleep - Lack of food - Lack of water - Lack of rest Effects: - Able to cope - Able to recover - Able to act - Able to think Interventions: - Rest - Food - Water - Sleep - Support - Encouragement - Reassurance - Information - Education - Training - Practice - Simulation - Drills - Exercises - Scenarios - Role playing - Problem solving - Decision making - Communication - Teamwork - Leadership - Followership - Accountability - Responsibility - Commitment - Dedication - Sacrifice - Honor - Integrity - Courage - Bravery - Valor - Honor - Integrity - Courage - Bravery - Valor	Definition: - Alert, coping, ready to act - Calm, focused - Able to think - Able to act Features: - Alert, calm, focused - Able to think - Able to act - Able to cope - Able to recover Causes: - Stress - Lack of sleep - Lack of food - Lack of water - Lack of rest Effects: - Able to cope - Able to recover - Able to act - Able to think Interventions: - Rest - Food - Water - Sleep - Support - Encouragement - Reassurance - Information - Education - Training - Practice - Simulation - Drills - Exercises - Scenarios - Role playing - Problem solving - Decision making - Communication - Teamwork - Leadership - Followership - Accountability - Responsibility - Commitment - Dedication - Sacrifice - Honor - Integrity - Courage - Bravery - Valor - Honor - Integrity - Courage - Bravery - Valor	Definition: - Alert, coping, ready to act - Calm, focused - Able to think - Able to act Features: - Alert, calm, focused - Able to think - Able to act - Able to cope - Able to recover Causes: - Stress - Lack of sleep - Lack of food - Lack of water - Lack of rest Effects: - Able to cope - Able to recover - Able to act - Able to think Interventions: - Rest - Food - Water - Sleep - Support - Encouragement - Reassurance - Information - Education - Training - Practice - Simulation - Drills - Exercises - Scenarios - Role playing - Problem solving - Decision making - Communication - Teamwork - Leadership - Followership - Accountability - Responsibility - Commitment - Dedication - Sacrifice - Honor - Integrity - Courage - Bravery - Valor - Honor - Integrity - Courage - Bravery - Valor



Stress Continuum Model

- Conceptual tool for assessing stress zones and risk because of stress
- 4 color-coded stress zones: **Ready**, **Reacting**, **Injured**, and **III**

4 sources of stress injury Five Core Leader Functions

- 5 categories of interventions to promote psychological health
- Responsibility of leaders, peers, self
- Mirrors IOM prevention framework

Stress First Aid (COSFA)

- 7 actions to preserve life, prevent further harm, & promote recovery
- Includes ongoing assessment and referral processes



Military Models



- **Army CSF/BATTLEMIND**

- **AMEDD Developed**
- Positive Psychology based training provided by AMEDD mental health personnel and Master Resilience Trainers
- **Universal** prevention through standardized training
- **Selective** prevention provided by BATTLEMIND Psychological Debriefing (BPD) based on trauma exposure
- No indicated prevention
- Stress reactions are amenable to **self-control**
- Outcome research reported but not available for review

- **Navy/Marine Corps Maritime COSC**

- **Line, Medical, Chaplain developed doctrine** endorsed by CMC and CNO
- Stress continuum heuristic tool
- COSFA principles **based on the NCPTSD/NCTSN PFA Guideline**
- **Universal** Prevention Training modules for individuals, leaders, peers, family members, and caregivers
- **Selective** Prevention Tools (AAR) not delivered by MH professionals
- **Indicated** prevention tools (COSFA)
- Stress reactions are expected and often **involuntary** responses
- Evidenced informed but with outcome studies in progress

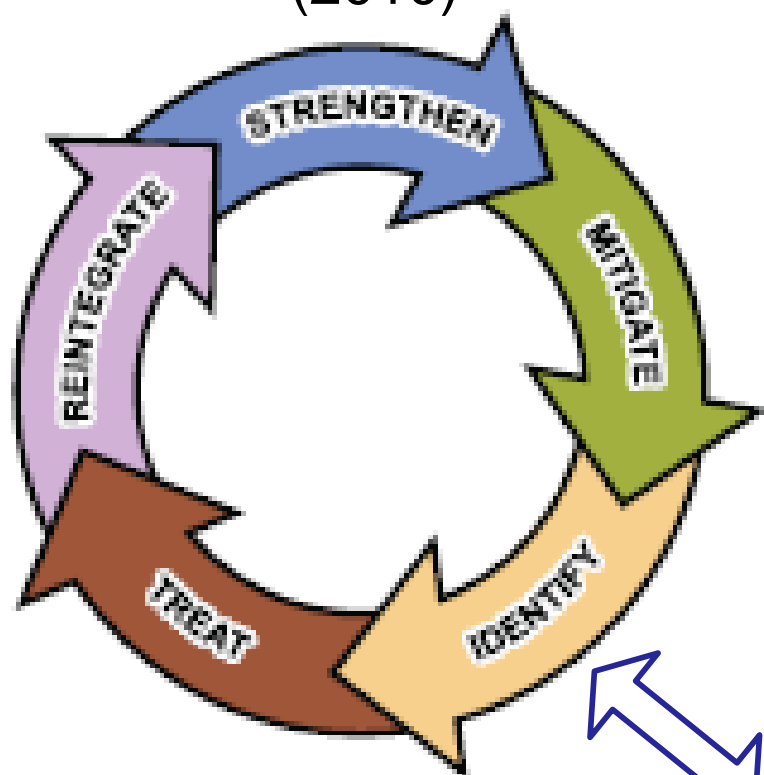


Five Core Leader Functions: Nearly Identical With NRC/IOM Intervention Framework



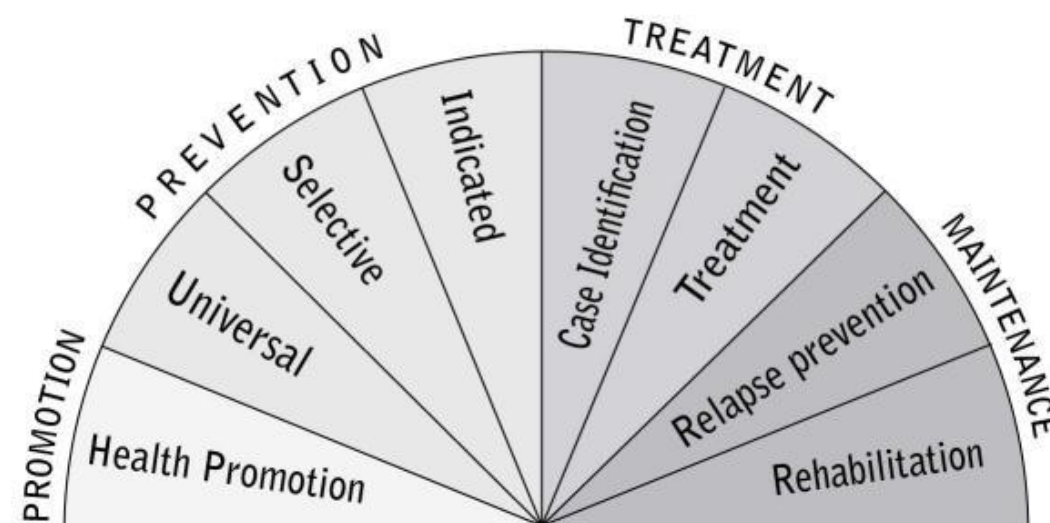
Five Core Leader Functions

US Marine Corps & US Navy
(2010)



Spectrum of Mental Health Interventions

National Research Council & Institute of Medicine (2009)





Two Faces of Stress



***Stress is
NECESSA
RY***



***Stress can
be TOXIC***

- **Stress is essential for:**

- Strength and toughness
- Growth and development
- Acquire new skills
- Meeting challenges
- Performing difficult missions

- **Stress can lead to:**

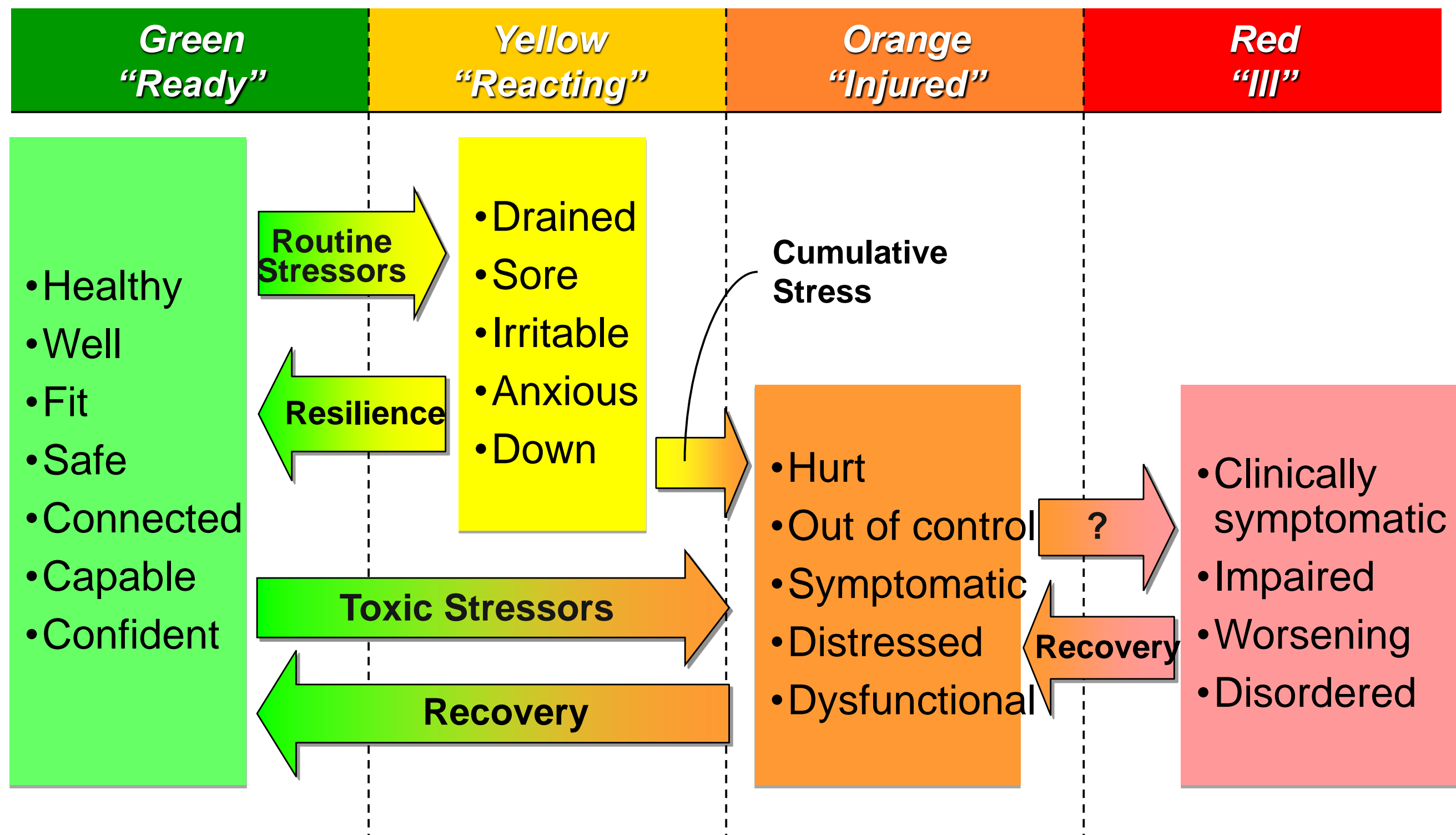
- Persistent internal distress
- Functional impairment
- Misconduct
- Substance abuse
- Mental disorders



U.S. Navy–Marine Corps Operational Stress Continuum



Stress Zones





Stress Continuum Evidence Support



Ready

Stress
Inoculation
(Meichenbaum, 1985;
Inzana, Driskell,
Salas, & Johnston,
1996)

Stress
Management
(Bernier & Gaston,
1989; Saunders,
Driskell, Johnston, &
Salas, 1996;
Zakowski, Hall, &
Baum, 1992).

Moderator
Factors
(social support,
personality, belief
systems)

Reacting

General
Adaptation
Syndrome (Seyle,
1956)

Arousal Theory
(Yerkes & Dodson, 1908)

Psychological
Stress and
Neuroendocrine
Function (Biondi &
Picardi, 1999)

Injured

Body of
knowledge from
fields of:

History
Neurology
Psychobiology
Neuroanatomy

Psychological
Stress and
Neuroendocrine
Function (Biondi &
Picardi, 1999;
Solomon, 1993; Figley
and Nash, 2007)

III

Body of
knowledge from
professional fields
of:

Psychiatry
Psychology
Psychiatric
Nursing
Family Therapy

Staal, M. A. (2004). Stress, Cognition, and Human Performance: A Literature Review and Conceptual Framework. NASA Report # NASA/TM—2004–212824, available at NTIS.

Stix, G. (2011). The Neuroscience of True Grit. Scientific American, March



Important Distinction: Yellow Zone Reactions vs. Orange Zone Injuries



Stress Reactions

- Bending from stress
- Very common
- Expected
- Always go away
- Universal and Selective prevention helpful



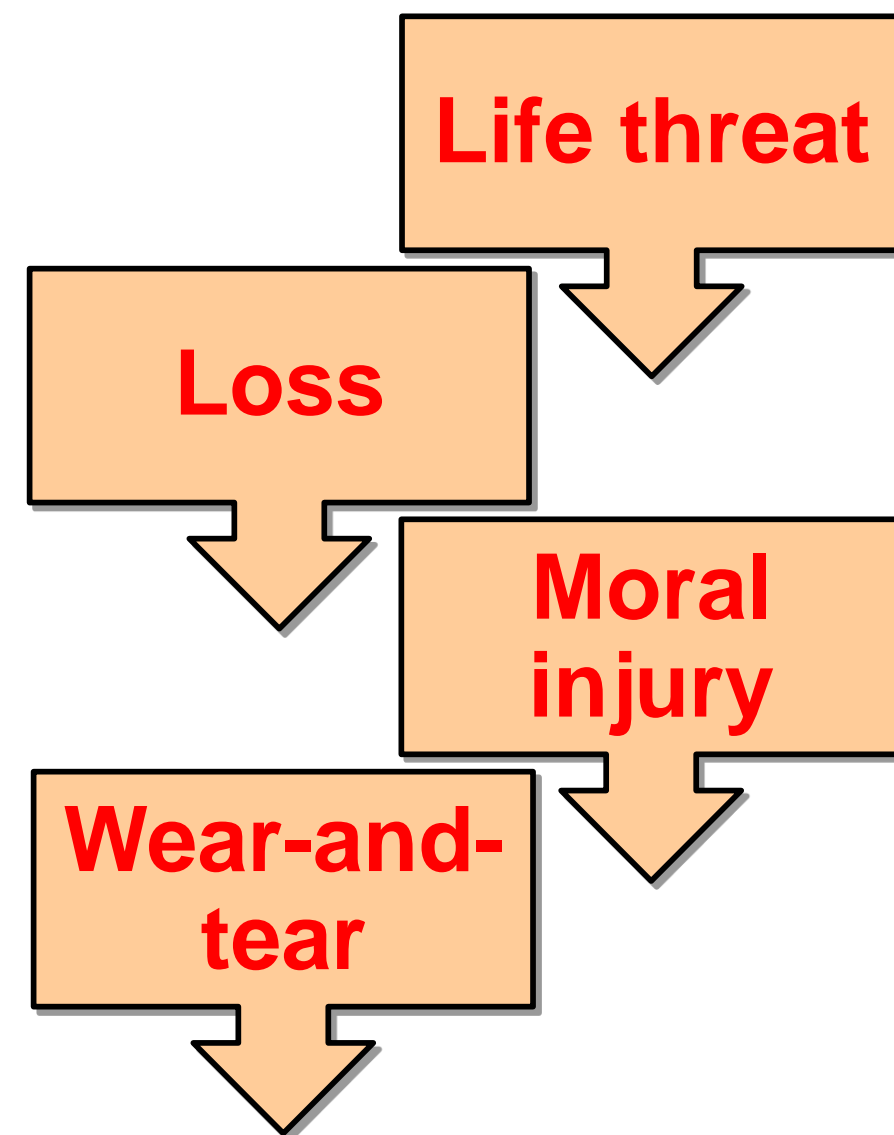
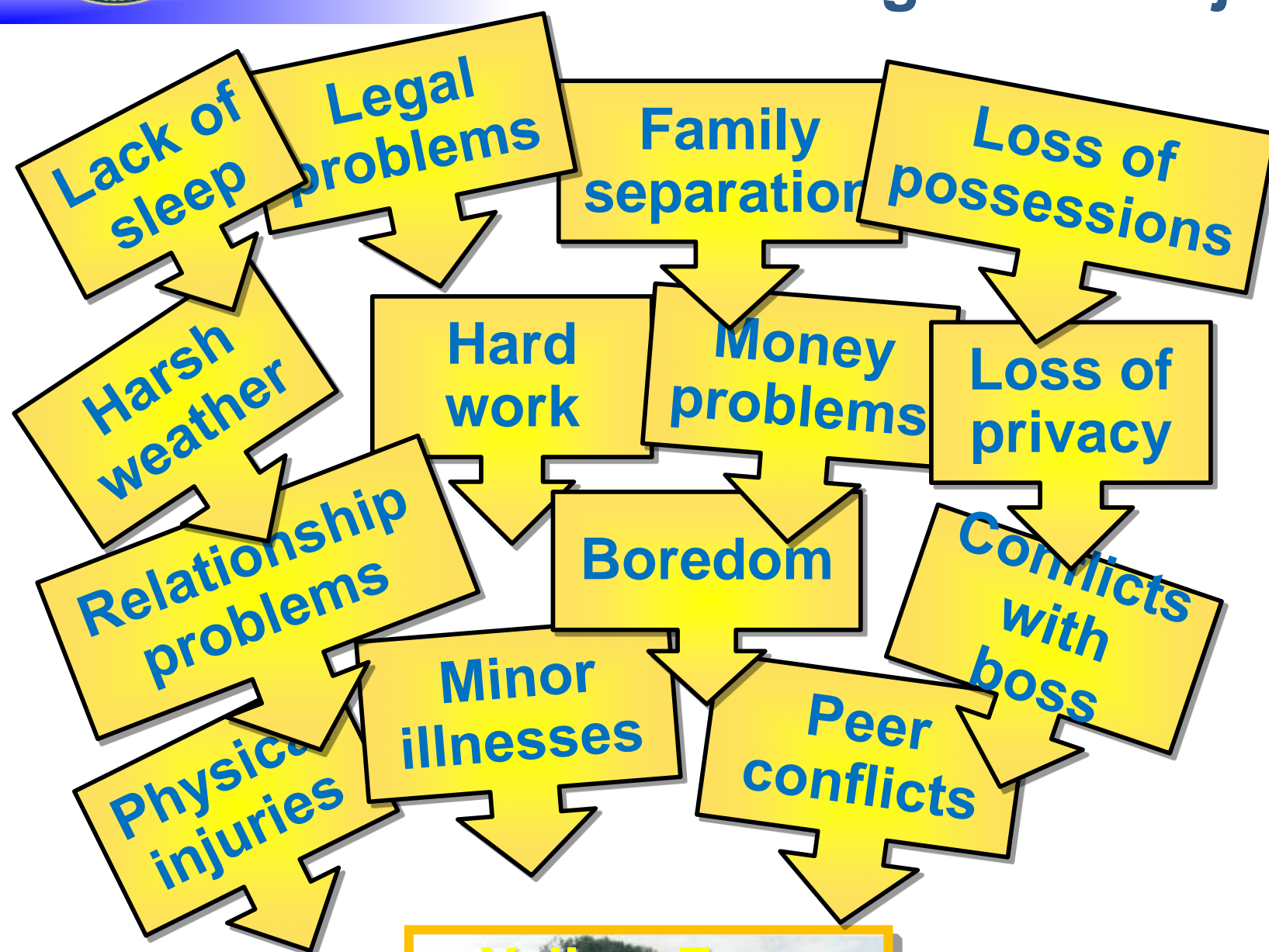
Stress Injuries

- Damage from stress
- Less common
- Risk for role failure
- Risk for stress illness
- Needs Indicated prevention efforts



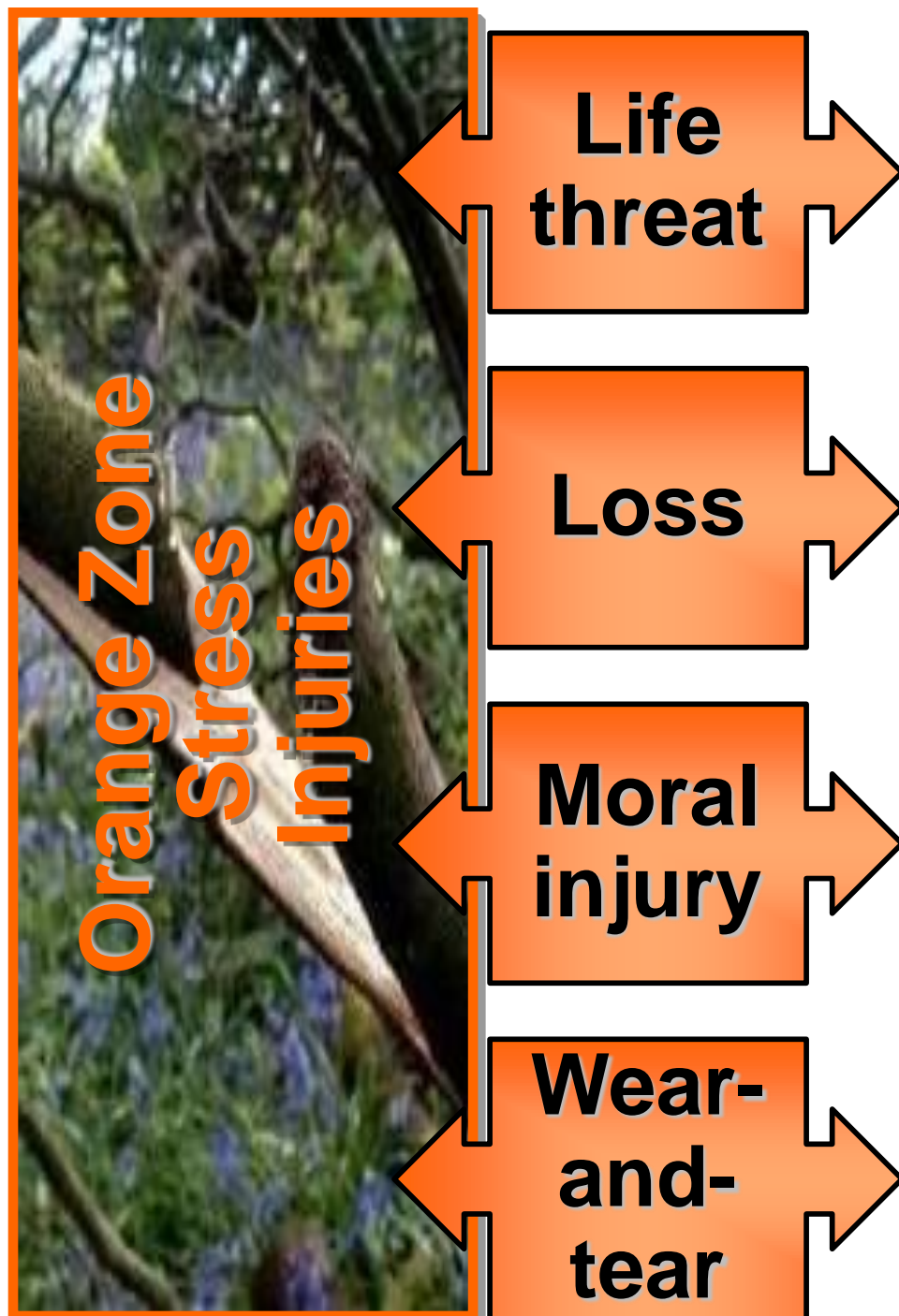
Many Causes vs Only Four:

Yellow Zone Reactions vs Orange Zone Injuries





What Is Damaged in Mind & Brain? In Orange Zone Stress Injuries



Damaged in Mind:	Damaged in Brain:
<u>Beliefs</u> In own safety In own immortality In own competence	<u>Neuron Circuits</u> For self-calming For autonomic arousal For memory
<u>Attachments</u> To a person To a part of oneself To possessions	
<u>Trust</u> In moral values In right and wrong In God and Country	
<u>Cognitive Ability</u> To concentrate To make decisions To be flexible	<u>Neuron Circuits</u> For mood regulation For concentration, energy, and motivation



How Do We Identify Stress Reactions or Injuries?



- **Situational Awareness:**
 - Change in function
 - Statements of internal distress
 - Known stress exposure
- **Look:** observation and report by caregivers
 - Advantages: by-passes stigma, denial; semi-objective
 - Disadvantages: requires skill, familiarity, and continual monitoring
- **Listen:** self-report by service member
 - Advantages: universal and immediate
 - Disadvantages: stigma, denial are major barriers



Situational Awareness



Look



Listen

So now what do I do?





Operating Forces Need Psychological First Aid Tools



“Sir, if stress can injure my Marines, then when will I be taught first aid for stress injuries?”

2005

— Marine platoon commander,

“The fate of the wounded rests in the hands of the ones who apply the first dressing.”

— Nicholas Senn, 1898 (Former president of the AMA)



Combat & Operational Stress First Aid (COSFA)



Seven Cs of Stress First Aid:

- 1. CHECK**
Assess: observe and listen
- 2. COORDINATE**
Get help, refer as needed
- 3. COVER**
Get to safety ASAP
- 4. CALM**
Relax, slow down, refocus
- 5. CONNECT**
Get support from others
- 6. COMPETENCE**
Restore effectiveness
- 7. CONFIDENCE**
Restore self-esteem and hope

Levels:

Continuou
Aid

Primary
id

Secondary
id



COSFA Evidence Support



Five Essential Elements of Immediate and Mid-Term Mass Trauma Intervention

1. Promote sense of safety
2. Promote calming
3. Promote connectedness
4. Promote sense of self and collective efficacy
5. Promote hope

COSFA 7 C's

1. Check
2. Coordinate
3. Cover
4. Calm
5. Connect
6. Competence
7. Confidence



COSFA is Psychological First Aid Adapted for Military Organizations



- COSFA is ***owned by the community*** (military units and families) and operated by its leaders and members
- COSFA provides a ***common language*** for service members, families, chaplains, and healthcare professionals
- COSFA ***strengthens*** rather than replaces ***existing*** physical, psychological, social, and spiritual ***supports***
- COSFA is ***longitudinal and ongoing***
- COSFA, like other risk management programs, is intended to be a way of life, ***not just a response to specific events***
- COSFA promotes ***assessment*** of clinical and ***preclinical stress states***
- COSFA promotes ***referrals and coordination of care***
- COSFA is ***not “one size fits all”***



Why COSFA?



1. To replace Critical Incident Stress Debriefing (CISD) for stressed military *units*
2. To provide concepts and procedures for early care of psychological injuries in *individuals* in operational settings
3. To build on the ***Stress Continuum Model***, the conceptual tool developed by the USMC for recognizing risk due to extreme stress
4. To provide evidence-informed tools for ***indicated prevention***



Combat and Operational Stress First Aid (COSFA)



Remember, COSFA is:

- A flexible multi-step process for the
- timely assessment and preclinical care of
- stress reactions or injuries in individuals or units with the
- goals to preserve life, prevent further harm, and promote recovery.



Combat & Operational Stress First Aid (COSFA)



Seven Cs of Stress First Aid:

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Restore effectiveness
- 7. CONFIDENCE**
Restore self-esteem and hope

Three Levels:

**1. Continuous
Aid**

**2. Primary
Aid**

**3. Secondary
Aid**



Combat and Operational Stress First Aid (COSFA)



Questions or
Comments